



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PARKVIEW HUNTINGTON HOSPITAL

City of Hospital: Huntington

Year Begin: 01/01/2016 (mm/dd/yyyy format)

Year End: 12/31/2016 (mm/dd/yyyy format)

Person Completing the Report: Sonya Foraker

Email Address: sonya.foraker@parkview.com

Medicare Provider Number: 150091

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43469599
Outpatient Patient Service Revenue	\$127533625
Total Gross Patient Service Revenue	\$171003224

2. Deductions From Revenue

Contractual Allowance	\$106851340
Other Deductions	\$2258554
Total Deductions	\$109109894

3. Total Operating Revenue

Net Patient Service Revenue	\$61893330
Other Operating Revenue	\$1459407
Total Operating Revenue	\$63352737

4. Operating Expenses

Salaries and Wages	\$14178804	Employee Benefits	\$4456533
Depreciation and Amortization	\$914501	Interest Expense	\$6164
Bad Debt	\$5743885	Other Expenses	\$24706565
Total Operating Expenses	\$50006452		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13346285	Total Assets	\$42936715
Net Non-operating Gains over Loss	\$2278507	Total Liabilities	\$42936715

Total Net Gains	\$15624792
-----------------	------------

Statement Two: Contractual Allowance
--------------------------------------

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$67992084	\$54178484	\$13813600
Medicaid	\$34724807	\$30227700	\$4497107
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$68286333	\$24703710	\$43582623
Total	\$171003224	\$109109894	\$61893330

Statement Three: Donations Statement
--------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$350864	\$-350864

Statement Four: Research Statement
------------------------------------

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
-------------------------------------

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$43391	\$187267	\$-143876

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	25111
Number of Citizens Exposed to Health Education Messages	30005

Statement Six: Charity Statement
----------------------------------

Hospital Charity Charges	\$0
--------------------------	-----

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$602913	
HCI Payments	\$0		
Subtotal	\$0	\$602913	\$-602913
Medicaid Shortfalls	\$4891801	\$9597239	
Subtotal	\$4891801	\$10200152	\$-5308351
DSH Payments	\$0		
Subtotal	\$4891801	\$10200152	\$-5308351
Medicare Shortfalls	\$14292434	\$18230399	
Other Government Programs	\$0	\$0	
Total	\$19184235	\$28430551	\$-9246316

Statement Seven: Subsidized Health Services for the Community
---

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

//